

FILED MAY 16 1955

STANDARD CERTIFICATE OF DEATH

State File No. 12747

BIRTH NO. _____		REG. DIST. NO. 251		PRIMARY REG. DIST. NO. 3048		Registrar's No. 143	
1. PLACE OF DEATH a. COUNTY Nodaway b. CITY (If outside corporate limits, write RURAL and give township) Maryville c. LENGTH OF STAY (In this place) d. FULL NAME OF HOSPITAL OR INSTITUTION 116 North Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway c. CITY OR TOWN Maryville d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> STREET ADDRESS (If rural, give location) 116 North Buchanan			
3. NAME OF DECEASED (Type or Print) a. (First) FRANK b. (Middle) LEFFLER c. (Last) GARRETT		4. DATE OF DEATH (Month) 5 (Day) 7 (Year) 55		5. SEX 0 Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 4/18/80		9. AGE (In years last birthday) 75 If UNDER 1 YEAR Months Days If UNDER 24 HRS. Hours Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Exec. Sec'y retired Standard P. C.	
11. BIRTHPLACE (City and State or Foreign Country) Maryville, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME William T. Garrett		13b. MOTHER'S MAIDEN NAME Josephine M. Laffler	
14. NAME OF HUSBAND OR WIFE Jestine Condon Garrett, deceased		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Jennie Garrett, Maryville, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1/2 hour 10 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		42-01	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from May 7, 1955, to May 7, 1955, that I last saw the deceased alive on May 6, 1955, and that death occurred at 4 A.M., from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) M. D.	
23b. ADDRESS Maryville, Missouri		23c. DATE SIGNED 5/7/55		24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 5/10/55	
24c. NAME OF CEMETERY OR CREMATORY Oak Hill		24d. LOCATION (City, town, or county) (State) Maryville, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Price Funeral Home, Maryville, Mo.		25. ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Clara M. Price

Licensed Embalmer No. *182*

P. O. Address *Mayville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.